



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 19 May 90
Time Start 1000
Time Finish 1150

HAZARDOUS WASTE INSPECTION REPORT 1:50 + 2 + 7 = 3:5
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company name Electric Cord Mfg Co. Inc I.D. Number PAD987398062
Address 312 E. Main St. P.O. Box 167, Westfield, Pa 16950
County Lyons Municipality Westfield Boro ZIP 16950
Name of Inspector Bernard Rusarchuk
Name & Title of Responsible Official H. Russell Hastings, Dir. of Ops.
Person Interviewed Same Telephone (814) 367-2245
Mailing Address (if different from above) _____
Amount of Hazardous Waste Generated per Month: less than 100 kg _____ lbs
Waste Determination Completed? ☒ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No
Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☒
Universal Waste Types Batt.

1. Waste Handling Method:

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270.
☐ Off-Site in a treatment, storage or disposal facility permitted under Chapter 270 or having interim status under Chapter 265
☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 261.5(f)(g) or (j).
☐ Off-Site in a permitted municipal or industrial facility in another state.
☒ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste
☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste

2. Hazardous Waste Transportation: Self transportation ☐ yes ☒ no

If no: Transporter Name Safety Kleen
License Number _____


3. Types of hazardous waste generated and destination facility (location & type).

| Waste Code | Waste Description | Destination Facility |
|------------|-------------------|----------------------|
| | | |
| | | |
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| | | |
| | | |
| | | |



Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

| 1-No Violation Observed | | | | 2-Not Applicable | | | | 3-Not Determined | | | | 4-Non-Compliance | | | | |
|-------------------------|---|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|---------------------------|
| Status | | | | REQUIREMENT | | | | | | | | | | | | Citation |
| 1 | 2 | 3 | 4 | | | | | | | | | | | | | 40 CFR Part 261 |
| | | | | Generators | | | | | | | | | | | | |
| | ✓ | | | Notification sent with shipments of wastes that do not meet treatment standards. | | | | | | | | | | | | 7(a)(1) |
| | ✓ | | | Notification and certification sent with shipments of wastes meeting treatment standards. | | | | | | | | | | | | 7(a)(2) |
| | ✓ | | | Dilution not used as a substitute for treatment. | | | | | | | | | | | | 3 |
| ✓ | | | | Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification. | | | | | | | | | | | | 7(a)(5), (a) |
| | ✓ | | | Storage Facilities | | | | | | | | | | | | |
| | | | | Facility verifies generators classification of waste in accordance with waste analysis plan. | | | | | | | | | | | | 25 Pa Cox 265.13(c) |
| | | | | Containers marked to identify contents and accumulation date. | | | | | | | | | | | | 50(a)(2) |
| | | | | Notification sent with shipments of wastes that do not meet treatment standards. | | | | | | | | | | | | 7(a)(1) |
| | | | | Notification and certification sent with shipments of wastes meeting treatment standards. | | | | | | | | | | | | 7(a)(2) |
| | | | | Facility maintains records of documents produced pursuant to LDR requirements. | | | | | | | | | | | | 7(a)(6) |
| | | | | Treatment Facilities, including PBR and RRR Facilities | | | | | | | | | | | | |
| | | | | Dilution not used as a substitute for treatment. | | | | | | | | | | | | 3 |
| | | | | Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan. | | | | | | | | | | | | 7(b) |
| | | | | Certification and/or notification sent with shipments of waste. | | | | | | | | | | | | 7(b)(4), (b)(5) (b)(6) |
| | | | | Land Disposal Facilities | | | | | | | | | | | | |
| | | | | Facility tests wastes received to assure compliance with applicable treatment standards. | | | | | | | | | | | | 7(c)(2) |
| | | | | Facility land disposes of restricted waste only if it meets applicable treatment standard. | | | | | | | | | | | | 40 |
| ✓ | | | | Facility retains copies of generator notifications and certifications. | | | | | | | | | | | | 7(c)(1) |


3

INSPECTION REPORT COMMENTS

Date of Inspection 19 May 98 Identification Number PAID 98739806

Company/Facility/Site Name Electri-Cord MFG Co. Inc.

On the 19th of May 1998, I inspected the above named facility. The facility generates no hazardous waste. They did have hazardous solvents, but they replaced the old parts washers with Safety Kleen's non-hazardous parts cleaners. Safety Kleen replaces this non-hazardous solvent every 2-4 weeks, depending on production. The company will be notifying as a CCB. I gave them a copy of the regs.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) [Signature]

Date 19 May 98

Inspector (signature) [Signature]

Date 19 May 98





**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

PAD987398062

07/27/98

INSTALLATION ADDRESS

ELECTRIC CORD MFG CO
312 E MAIN ST
WESTFIELD, PA 16950
RUSSELL HASTINGS DIR OF OPR

312 E MAIN ST
WESTFIELD, PA 16950

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

| 1-No Violation Observed | | | | | 2-Not Applicable | | | | | 3-Not Determined | | | | | 4-Non-Compliance | | | | |
|-------------------------|---|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|--|--|--|------------------|--|--|--|--|------------------|--------------------------------|----------------------------|--|--|
| Status | | | | REQUIREMENT | | | | | | | | | | | | Citation 40 CFR Part 268 | | | |
| 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | |
| | | | | Generators | | | | | | | | | | | | | | | |
| | X | | | Notification sent with shipments of wastes that do not meet treatment standards. | | | | | | | | | | | | | 7(a)(1) | | |
| | X | | | Notification and certification sent with shipments of wastes meeting treatment standards. | | | | | | | | | | | | | 7(a)(2) | | |
| | X | | | Dilution not used as a substitute for treatment. | | | | | | | | | | | | | 3 | | |
| | X | | | Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification. | | | | | | | | | | | | | 7(a)(5), (a)(6) | | |
| | | | | Storage Facilities | | | | | | | | | | | | | | | |
| | | | | Facility verifies generators classification of waste in accordance with waste analysis plan. | | | | | | | | | | | | | 25 Pa Code 265.13(c) | | |
| | | | | Containers marked to identify contents and accumulation date. | | | | | | | | | | | | | 50(a)(2) | | |
| | | | | Notification sent with shipments of wastes that do not meet treatment standards. | | | | | | | | | | | | | 7(a)(1) | | |
| | | | | Notification and certification sent with shipments of wastes meeting treatment standards. | | | | | | | | | | | | | 7(a)(2) | | |
| | | | | Facility maintains records of documents produced pursuant to LDR requirements. | | | | | | | | | | | | | 7(a)(6) | | |
| | | | | Treatment Facilities, Including PBR and RRR Facilities | | | | | | | | | | | | | | | |
| | | | | Dilution not used as a substitute for treatment. | | | | | | | | | | | | | 3 | | |
| | | | | Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan. | | | | | | | | | | | | | 7(b) | | |
| | | | | Certification and/or notification sent with shipments of waste. | | | | | | | | | | | | | 7(b)(4), (b)(5), (b)(6) | | |
| | | | | Land Disposal Facilities | | | | | | | | | | | | | | | |
| | | | | Facility tests wastes received to assure compliance with applicable treatment standards. | | | | | | | | | | | | | 7(c)(2) | | |
| | | | | Facility land disposes of restricted waste only if it meets applicable treatment standard. | | | | | | | | | | | | | 40 | | |
| | | | | Facility retains copies of generator notifications and certifications. | | | | | | | | | | | | | 7(c)(1) | | |

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site I.D. PAD 98739.8062

Telephone # 814-367-2265

Site Name ELectri-Cord MFG. Co. Inc.

Operator Name Same

Address 312 East Main St.

Address Same

PO Box 188 Westfield, PA 16950

Municipality Westfield

County Tioga

Responsible Official Russ Hastings

Title Operations Manager

Person Interviewed Jack Erick

Title Technical Manager

Inspector Pat Brennan

Time 1230-1400 TT. 3.75hrs

Due Date

Inspection D-11:

Inspection Type

Facility Type

Inspector ID

Violation

12-7-95

Follow-up

596

2437

Are hazardous wastes transported off-site by this generator? ☐ Yes ☒ No

If not, license number(s) and expiration dates of transporter(s):

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

| STATUS | | | | REQUIREMENT | CHAPTER CITATION | LINE NUMBER |
|--------|---|---|---|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| 1 | 2 | 3 | 4 | | | |
| X | | | | Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly _____ | 261.5(a) | H491 |
| X | | | | Amount of waste accumulated is within small quantity generator limits | 261.5(d) | H492 |
| X | | | | Hazardous waste determination (262.11) | 261.5(g)(1) | H493 |
| X | | | | Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request | 262.11(d) | H494 |
| X | | | | Storage within time limit specified (261.5(d)) | 261.5(g)(2) | H495 |
| X | | | | Manifest system used for off-site transport | 262.20(a) | H496 |

261.5 Indicate below the method of handling of the waste:

- ☐ a. Treatment or disposal at permitted on-site facility.
 Permit Number _____ Treatment _____ Disposal _____
- ☒ b. Delivered to a PA haz. waste facility. Name of facility: Safety-Kleen, Athens PA
- ☐ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: _____
- ☐ d. Delivered to an approved out-of-state facility. Name of facility: _____
- ☐ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: _____

INSPECTION REPORT COMMENTS

Date of Inspection December 7, 1995

Identification Number PAD987398062

Company/Facility/Site Name Electri-Coat MFG. Co. Inc.

A Follow-up inspection was conducted by myself at the above referenced facility. The violation observed during the previous inspection has been abated. The Facility has determined that the waste oil from the production machinery is Non-hazardous. The determination was based on analysis taken & provided by Safety-Kleen. The Facility should ensure that the waste oil is transported to a permitted processing &/or disposal Facility, SEE § 299.215 of PA Rules & Regulations. The waste oil should be included in the generators Residual Waste Biennial Report.

Insulated copper wire is collected by Stairman Brothers, located in Williamsport, PA. It is recommended that the Facility inquire on how the plastic is removed from the wire & how this process is managed. Insulated wire may be considered a waste. For questions regarding the management of residual waste (coproduct/waste), it is requested that you contact Rickellig, Residual Waste Coordinator for the Department. (327-3568).

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but do acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Jack Cook

Date 12/7/95

Inspector (signature) Pat Brennan

Date 12-7-95

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

P A D 9 8 7 3 9 8 0 6 2

II. Name of Installation (Include company and specific site name)

E L E C T R I C O R D I N G C O

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 1 2 E A S T M A I N S T R E E T

Street (continued)

City or Town

W E S T F I E L D

State

ZIP Code

P A 1 6 9 5 0 -

County Code

County Name

1 1 7 T I O G A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 1 6 7

City or Town

W E S T F I E L D

State

ZIP Code

P A 1 6 9 5 0 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

H A S T I N G S

M I R I S S E L L

Job Title

Phone Number (area code and number)

D I R O F O P E R A T I O N

8 1 4 - 3 6 7 - 2 2 6 5

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒

3 1 2 E M A I N S T

City or Town

W E S T F I E L D

State

ZIP Code

P A 1 6 9 5 0 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

M I T C H S A M U E L S

Street, P.O. Box, or Route Number

3 1 2 E A S T M A I N S T R E E T

City or Town

W E S T F I E L D

State

ZIP Code

P A 1 6 9 5 0 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

8 1 4 3 6 7 2 2 6 5

☐
☐

Yes ☒ No ☐

0 9 3 0 9 7

A. Hazardous Waste Activity

1. Generator (See Instructions)

☐ a. Greater than 1000kg/mo (2,200 lbs.)

☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)

☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

☐ a. For own waste only

☐ b. For commercial purposes

Mode of Transportation

☐ 1. Air

☐ 2. Rail

☐ 3. Highway

☐ 4. Water

☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

☐ a. Generator Marketing to Burner

☐ b. Other Marketers

☐ c. Burner - indicate device(s) - Type of Combustion Device

☐ 1. Utility Boiler

☐ 2. Industrial Boiler

☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner - indicate device(s) - Type of Combustion Device

☐ 1. Utility Boiler

☐ 2. Industrial Boiler

☐ 3. Industrial Furnace

☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒

2. Corrosive (D002) ☐

3. Reactive (D003) ☐

4. EP Toxic (D000) ☐

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

| | | |
|-------------------------------|-----------------------------------------------------------------|---------------------|
| Signature: <i>[Signature]</i> | Name and Official Title (type or print): DIRECTOR OF OPERATIONS | Date Signed: 6-8-98 |
|-------------------------------|-----------------------------------------------------------------|---------------------|

XI. Comments

changed gen status from ~~EE~~ SQG to CEG.

BAH/MS 7/17/98 JEL

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

| 1-No Violation Observed | | | | 2-Not Applicable | 3-Not Determined | 4-Non-Compliance |
|-------------------------|---|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|
| Status | | | | REQUIREMENT | Citation | |
| 1 | 2 | 3 | 4 | | 40 CFR Part 268 | |
| | | | | Generators | | |
| | X | | | Notification sent with shipments of wastes that do not meet treatment standards. | 7(a)(1) | |
| | X | | | Notification and certification sent with shipments of wastes meeting treatment standards. | 7(a)(2) | |
| | X | | | Dilution not used as a substitute for treatment. | 3 | |
| | X | | | Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification. | 7(a)(5), (a)(6) | |
| | | | | Storage Facilities | | |
| | | | | Facility verifies generators classification of waste in accordance with waste analysis plan. | 25 Pa Code 265.13(c) | |
| | | | | Containers marked to identify contents and accumulation date. | 50(a)(2) | |
| | | | | Notification sent with shipments of wastes that do not meet treatment standards. | 7(a)(1) | |
| | | | | Notification and certification sent with shipments of wastes meeting treatment standards. | 7(a)(2) | |
| | | | | Facility maintains records of documents produced pursuant to LDR requirements. | 7(a)(6) | |
| | | | | Treatment Facilities, Including PBR and RRR Facilities | | |
| | | | | Dilution not used as a substitute for treatment. | 3 | |
| | | | | Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan. | 7(b) | |
| | | | | Certification and/or notification sent with shipments of waste. | 7(b)(4), (b)(5), (b)(6) | |
| | | | | Land Disposal Facilities | | |
| | | | | Facility tests wastes received to assure compliance with applicable treatment standards. | 7(c)(2) | |
| | | | | Facility land disposes of restricted waste only if it meets applicable treatment standard. | 40 | |
| | | | | Facility retains copies of generator notifications and certifications. | 7(c)(1) | |

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site I.D. PAD987398062
 Site Name Electric Cord MFG Co. Inc.
 Address 312 East Main St.
P.O. Box 188 Westfield, PA 16950
 Municipality Westfield
 Responsible Official Russ Hastings
 Person Interviewed Jack Eick
 Inspector Pat Brennan 717-327-3727

Telephone # 814-367-2314
 Operator Name Same
 Address Same
 County Tioga
 Title Operations Manager
 Title Technical Manager
 Time 1015 -

Due Date _____ Inspection Date 11-3-95 Inspection Type 01 Facility Type SQG Inspector ID 2437 # Violation _____

Are hazardous wastes transported off-site by this generator? Yes ☒ No

If not, license number(s) and expiration dates of transporter(s): _____

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

| STATUS | | | | REQUIREMENT | CHAPTER CITATION | LINE NUMBER |
|-------------------------------------|---|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| 1 | 2 | 3 | 4 | | | |
| <input checked="" type="checkbox"/> | | | | Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly <u><1000 kg.</u> | 261.5(a) | H491 |
| | | <input checked="" type="checkbox"/> | | Amount of waste accumulated is within small quantity generator limits | 261.5(d) | H492 |
| | | | <input checked="" type="checkbox"/> | Hazardous waste determination (262.11) | 261.5(g)(1) | H493 |
| <input checked="" type="checkbox"/> | | | | Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request | 262.11(d) | H494 |
| <input checked="" type="checkbox"/> | | | | Storage within time limit specified (261.5(d)) | 261.5(g)(2) | H495 |
| <input checked="" type="checkbox"/> | | | | Manifest system used for off-site transport | 262.20(a) | H496 |

261.5 Indicate below the method of handling of the waste:

- ☐ a. Treatment or disposal at permitted on-site facility.
 Permit Number _____ Treatment _____ Dispos _____
- ☒ b. Delivered to a PA haz. waste facility Name of facility: Safety-Kleen Athens, PA
- ☐ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility. _____
- ☐ d. Delivered to an approved out-of-state facility. Name of facility. _____
- ☐ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: _____

INSPECTION REPORT COMMENTS

Date of Inspection November 3, 1995

Identification Number PAD987398062

Company/Facility/Site Name Electri-Cords MFG. Co.

On Nov. 3, 1995, I conducted a routine inspection at the above referenced facility. Jack Eick was present during the inspection. The facility manufactures power cords for computers & power tools. The cords are cut to specific lengths, PVC is utilized to mold connectors onto the cords. The EPA Notification List displays that the facility is a small quantity generator of hazardous waste. Waste Petroleum Naptha (D039) is reclaimed by Safety-Kleen (PAD987266673). A copy of the reclamation agreement was made available.

^{Seven}
~~One~~ drums of waste hydraulic oil were located south of the facility. The waste oil is generated from the molding machines. It is collected by Tioga Petroleum Co., located in Mansfield, PA. Mr. Eick was unaware of how the oil is managed, by Tioga Petroleum. It was recommended that they stop sending the waste oil to Tioga Petroleum, until further notice, from the Department. Mr. Eick indicated that the facility would make the appropriate arrangements, with Safety-Kleen, to collect the waste oil. A hazardous waste determination should be made on the waste oil. The determinations should include Total halogens, see definitions found in PA hazardous waste regulations (waste oil). MSDS may be beneficial in regards to the waste determination. It is requested that the waste determination is made available to the Department.

Fax Number: 717-327-3420

Address: Dept. of Env. Protection, 208 W. 3rd St. Suite 101, Williams PA 17701.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____

Date

Nov 3, 1995

Inspector (signature) Pat Brennan

Date

Nov. 3, 1995



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
PAD987398062

INSTALLATION ADDRESS

ELECTRIC CORD MFG CO.
PO BOX 167
WESTFIELD, PA 16950
MELVIN HILFIGER SAFETY DIRECTOR
312 EAST MAIN ST
WESTFIELD, PA 16950

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

P A D 9 8 7 3 9 8 0 6 2

II. Name of Installation (Include company and specific site name)

E L E C T R I C O R D M F G C O

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 1 2 E A S T M A I N S T R E E T

Street (continued)

City or Town

W E S T F I E L D

State

ZIP Code

P A

1 6 9 5 0 -

County Code

County Name

1 1 7 T I O G A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 1 6 7

City or Town

W E S T F I E L D

State

ZIP Code

P A

1 6 9 5 0 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

H I L F I G E R

M E L V I N

Job Title

Phone Number (area code and number)

S A F E T Y D I R E C T O R

8 1 4 - 3 6 7 - 2 2 6 5

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

☒ 3 1 2 E M A I N S T

City or Town

W E S T F I E L D

State

ZIP Code

P A

1 6 9 5 0 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

L E U C A D I A N A T I O N A L C O R P

Street, P.O. Box, or Route Number

3 1 5 P A R K A V E S O U T H

City or Town

N E W Y O R K

State

ZIP Code

N Y

1 0 0 1 0 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

2 1 2 - 4 6 0 - 1 9 5 0

Yes

No

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

| A. Hazardous Waste Activity | B. Used Oil Fuel Activities |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify </p> | <p>3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p> |
| | <p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Mark (or On-site Burner) Who First Claim the Oil Meets the Specification</p> |

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. EP Toxic (D000) | (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

| | | |
|----------------------------------------|------------------------------------------------------------|------------------------|
| Signature <i>Melvin L. Kellgren</i> | Name and Official Title (type or print) SAFETY DIRECTOR | Date Signed 5-24-93 |
|----------------------------------------|------------------------------------------------------------|------------------------|

XI. Comments

RR-6-21-93

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)